

# Iowa Influenza Surveillance Network (IISN)

# Influenza-like Illness (ILI) and Other Respiratory Viruses

## **Weekly Activity Report**

### For the week ending March 12, 2016 - Week 10

All data presented in this report are provisional and may change as additional reports are received



Quick Stats	
Percent of outpatient visits for ILI <sup>1</sup>	1.23% (baseline 1.7%)
Percent of influenza rapid test positive	23.6% (395/1672)
Percent of RSV rapid tests positive	25.4% (84/331)
Percent school absence due to illness <sup>2</sup>	2.51%
Number of schools with ≥10% absence due to illness	4
Influenza-associated hospitalizations <sup>3</sup>	50/5,326 inpatients surveyed
Influenza-associated mortality -all ages (Cumulative) <sup>4</sup>	16
Influenza-associated pediatric mortality (Cumulative)	0
1 II I: Influenza-like Illness is defined as a fever of >100° F as well as cough and/or sore throat	

lowa Influenza Geographic Spread⁵
No Activity
Sporadic
Local
Regional
Widespread
<sup>5</sup> This is based on CDC's activity estimates definition www.cdc.gov/flu/weekly/overview.htm

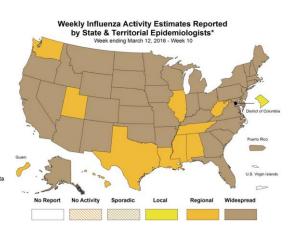
#### Iowa statewide activity summary:

Influenza remains widespread across the state. For this reporting week, the State Hygienic Laboratory (SHL) confirmed 36 cases of influenza A and 10 cases of influenza B. Fifty influenza-related hospitalizations were reported from sentinel hospitals. The proportion of outpatient visits due to influenza-like illness (ILI) was 1.23 percent which is below the regional baseline. Four schools reported 10 percent or greater absenteeism due to illness, which included influenza-like symptoms. In this reporting week, 14 adenovirus, three parainfluenza virus type 1, 44 rhinovirus/ enterovirus, 57 RSV, and 32 hMPV were detected from surveillance sites.

### National activity summary - (CDC):

Influenza-Like Illness (ILI) Activity Level Indicator Determined by Data Reported to ILINet 2015-16 Influenza Season Week 10 ending Mar 12, 2016





Synopsis: During week 10 (March 6-12, 2016), influenza activity increased in the United States.

Viral Surveillance: The most frequently identified influenza virus type reported by public health laboratories during week 10 was influenza A, with influenza A (H1N1)pdm09 viruses predominating. The percentage of respiratory specimens testing positive for influenza in clinical laboratories increased.

Pneumonia and Influenza Mortality: The proportion of deaths attributed to pneumonia and influenza (P&I) was below their systemspecific epidemic threshold in both the NCHS Mortality Surveillance System and the 122 Cities Mortality Reporting System.

Influenza-associated Pediatric Deaths: Eight influenza-associated pediatric deaths were reported.

Influenza-associated Hospitalizations: A cumulative rate for the season of 14.5 laboratory-confirmed influenza-associated hospitalizations per 100,000 population was reported.

Outpatient Illness Surveillance: The proportion of outpatient visits for influenza-like illness (ILI) was 3.7 percent, which is above the national baseline of 2.1 percent. All 10 regions reported ILI at or above region-specific baseline levels. New York City, Puerto Rico, and 14 states experienced high ILI activity; 13 states experienced moderate ILI activity; 11 states experienced low ILI activity; 12 states experienced minimal ILI activity; and the District of Columbia had insufficient data.

Geographic Spread of Influenza: The geographic spread of influenza in Puerto Rico and 40 states was reported as widespread; Guam and 10 states reported regional activity; the District of Columbia reported local activity; and the U.S. Virgin Islands did not report.

Detailed information can be found online at www.cdc.gov/flu/weekly/.

Percent school absence due to illness are reported through a weekly survey of lowa sentinel schools Hospitalizations due to influenza are voluntarily reported through a weekly survey of lowa sentinel hospitals

Deaths in which influenza is listed on the death certificate. This is an underestimate of influenza-related deaths Cumulative is 10/4/2015-current week

### International activity summary - (WHO):

In the Northern Hemisphere high levels of influenza activity continued with influenza A(H1N1)pdm09 predominating and an increase in the proportion of influenza B viruses detected. In the Southern Hemisphere and in tropical countries influenza activity was generally low. Detailed information can be found online at <a href="www.who.int/influenza/surveillance">www.who.int/influenza/surveillance</a> monitoring/updates/latest update GIP surveillance/en/. It was last updated 03/07/2016.

#### <u>Laboratory surveillance program:</u>

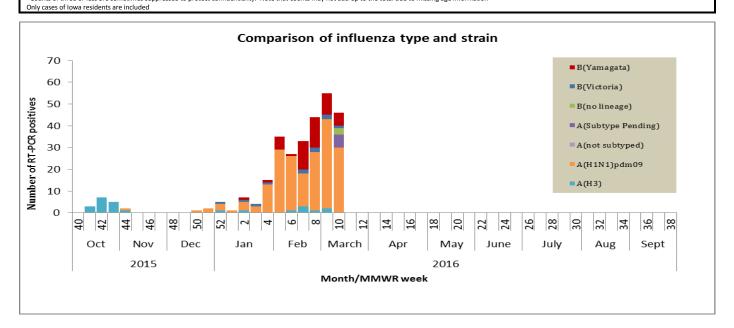
The State Hygienic Laboratory (SHL) is the primary lab for influenza testing and reporting in Iowa. SHL reports the number of tests performed and the type and sub-type of positive tests to the influenza surveillance network several times every week. In addition, SHL surveys clinical and reference labs on a weekly basis for the number of rapid-antigen tests performed, the number positive and the positive non-influenza virus tests. This report also includes the positive non-influenza virus tests reported from the Dunes Medical Laboratories at Mercy Medical Center in Sioux City.

Table 1: I	Table 1: Influenza A viruses detected by SHL by age group							
		CUN	//ULATIVE (10/4/	L5 – CURRENT WEE	:К)			
	Flu A					Flu	ı A	
Age Group	A(H1N1)pdm09	A(H3)	Subtype Pending	Not subtyped	A(H1N1)pdm09	A(H3)	Subtype Pending	Not subtyped
0-4	4(13%)	0(0%)	0(0%)	0(0%)	29(15%)	0(0%)	0(0%)	0(0%)
5-17	3(10%)	0(0%)	1(17%)	0(0%)	39(20%)	1(4%)	1(17%)	0(0%)
18-24	1(3%)	0(0%)	1(17%)	0(0%)	24(12%)	6(24%)	1(17%)	0(0%)
25-49	8(27%)	0(0%)	1(17%)	0(0%)	61(31%)	3(12%)	1(17%)	0(0%)
50-64	9(30%)	0(0%)	3(50%)	0(0%)	30(15%)	8(32%)	3(50%)	0(0%)
>64	5(17%)	0(0%)	0(0%)	0(0%)	12(6%)	7(28%)	0(0%)	0(0%)
Total	30	0	6	0	195	25	6	0

<sup>\*</sup>Counts of three or less are sometimes suppressed to protect confidentiality. Note that counts may not add up to the total due to missing age information Only cases of lowa residents are included

<sup>&</sup>quot;Not subtyped" column is due to weak detections. This can be due to poor collection, timing of collection or stage of infection.

Table 2: Ir	Table 2: Influenza B viruses detected by SHL by age group							
	CURRENT WEEK			CUMULATIVE (10/4/15 – CURRENT WEEK)				
Age	Flu B			Flu B				
Group	Victoria Lineage	Yamagata Lineage	Lineage Pending	Victoria Lineage	Yamagata Lineage	Lineage Pending		
0-4	0(0%)	1(17%)	1(33%)	4(36%)	6(12%)	1(33%)		
5-17	1(100%)	0(0%)	1(33%)	3(27%)	17(33%)	1(33%)		
18-24	0(0%)	0(0%)	0(0%)	1(9%)	0(0%)	0(0%)		
25-49	0(0%)	3(50%)	0(0%)	1(9%)	15(29%)	0(0%)		
50-64	0(0%)	2(33%)	0(0%)	1(9%)	7(14%)	0(0%)		
>64	0(0%)	0(0%)	1(33%)	1(9%)	7(14%)	1(33%)		
Total	1	6	3	11	52	3		
*Counts of thre	ounts of three or less are sometimes suppressed to protect confidentiality. Note that counts may not add up to the total due to missing age information							

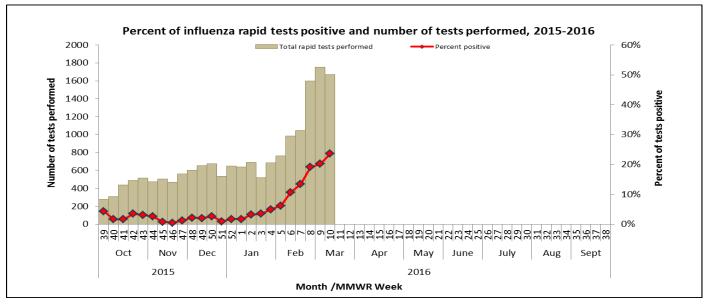


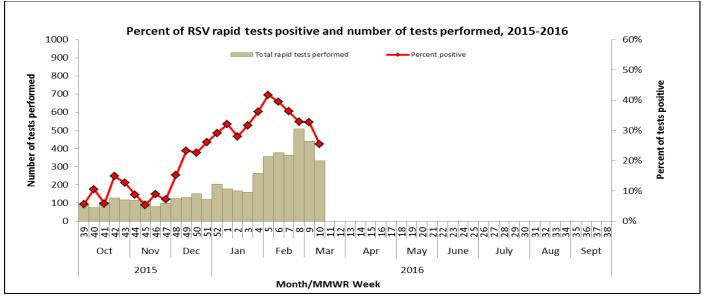
### Rapid influenza and RSV test surveillance:

The State Hygienic Laboratory (SHL) runs a weekly web-based survey program where laboratorians report the number of influenza and respiratory syncytial virus (RSV) rapid tests performed and the number of tests positive. This table includes only the number of patients tested for influenza or RSV at laboratory surveillance sites throughout the state. This table does not provide case counts.

Table 2: Percent of influenza rapid tests positive and number of tests performed by region for the present week								
REGION*	RAPID ANTIGEN INFLUENZA TESTS				RAPID ANTIGEN RSV TESTS			
REGION	Tested	Flu A	Flu B	% Positive	Tested	Positive	% Positive	
Region 1 (Central)	309	68	7	24.3	61	22	36.1	
Region 2 (NE)	112	17	2	17.0	24	6	25.0	
Region 3 (NW)	223	35	12	21.1	62	14	22.6	
Region 4 (SW)	123	29	1	24.4	19	9	47.4	
Region 5 (SE)	267	66	1	25.1	46	6	13.0	
Region 6 (Eastern)	638	142	15	24.6	119	27	22.7	
Total	1672	357	38	23.6	331	84	25.4	

\*Region 1- Boone, Calhoun, Carroll, Dallas, Greene, Grundy, Hamilton, Hardin, Jasper, Marshall, Polk, Poweshiek, Story, Tama, Warren, Webster; Region 2- Allamakee, Bremer, Butler, Cerro Gordo, Chickasaw, Emmet, Fayette, Floyd, Franklin, Hancock, Howard, Humboldt, Kossuth, Mitchell, Winnebago, Winneshiek, Worth, Wright; Region 3- Buena Vista, Cherokee, Clay, Crawford, Dickinson, Ida, Lyon, Monona, O'Brien, Osceola, Palo Alto, Plymouth, Pocahontas, Sac, Sioux, Woodbury; Region 4- Adairs, Audubon, Cass, Clarke, Decatur, Fremont, Guthrie, Harrison, Madison, Mills, Montgomery, Page, Pottawattamie, Ringgold, Shelby, Taylor, Union; Region 5- Appanoose, Davis, Des Moines, Henry, Jefferson, Keokuk, Lee, Louisa, Lucas, Mahaska, Marion, Monroe, Muscatine, Van Buren, Wapello, Washington, Wayne; Region 6- Benton, Black Hawk, Buchanan, Cedar, Clayton, Clinton, Delaware, Dubuque, Iowa, Jackson, Johnson, Jones, Linn, Scott.





#### Non-influenza respiratory viruses:

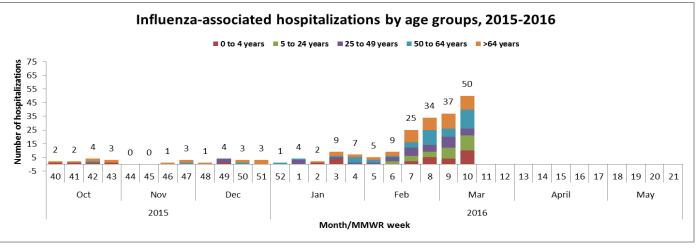
The State Hygienic Laboratory (SHL) runs a weekly web-based survey program where laboratorians report the number of positive tests for non-influenza respiratory viruses. This table also includes the positive non-influenza virus tests reported from the Dunes Medical Laboratories at Mercy Medical Center in Sioux City. The table includes only the number of positive tests at laboratory surveillance sites throughout the state. The table does not provide case counts.

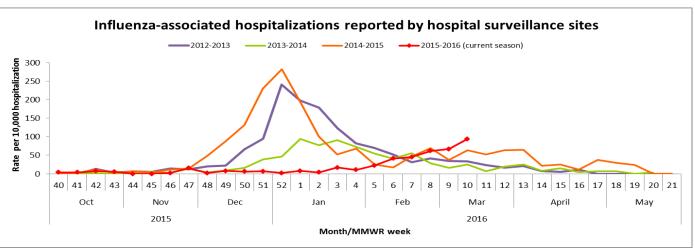
Table 4: Number of positive results for non-influenza respiratory viruses					
Viruses	CURRENT WEEK	CUMULATIVE (10/4/15 – CURRENT WEEK)			
Adenovirus	14	288			
Parainfluenza Virus Type 1	3	158			
Parainfluenza Virus Type 2	0	4			
Parainfluenza Virus Type 3	0	4			
Parainfluenza Virus Type 4	0	67			
Rhinovirus/Enterovirus	44	737			
Respiratory syncytial virus (RSV)	57	582			
Human metapneumovirus (hMPV)	32	235			
Total	150	2075			

#### Influenza-associated hospitalizations:

Sentinel hospitals that participate in IISN voluntarily track and report the number of influenza-associated hospitalizations and the total number of inpatients each week.

Table 5: Number of influenza-associated hospitalization reported by age group						
AGE	CURRENT WEEK	CUMULATIVE (10/4/15 – CURRENT WEEK)				
Age 0-4	10	31				
Age 5-24	11	29				
Age 25-49	5	36				
Age 50-64	14	48				
Age >64	10	65				
Т	otal 50	209				

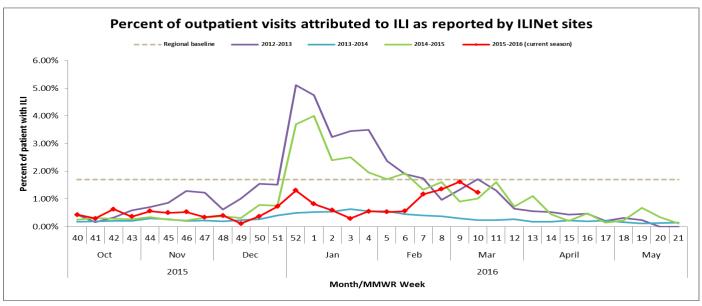




# Outpatient health care provider surveillance program (ILINet):

Outpatient health care providers who participate in the ILINet (a national influenza surveillance program) report the number of patients seen with influenza-like illness and the total number of patient visits each week. This system is a key part of lowa's influenza surveillance. Iowa health care providers interested in joining this surveillance program should contact Julie Coughlin at 515-281-7134 or julie.coughlin@idph.iowa.gov for more information.

Table 6: Outpatient visits for influenza-like illness (ILI)							
Week	%ILI	Total ILI	Age 0-4	Age 5-24	Age 25-49	Age 50-64	Age >64
Week 10, ending Mar 12	1.23	25	2	18	4	1	0
Week 9, ending Mar 5	1.62	37	10	17	7	1	2
Week 8, ending Feb 27	1.35	31	4	13	6	5	3



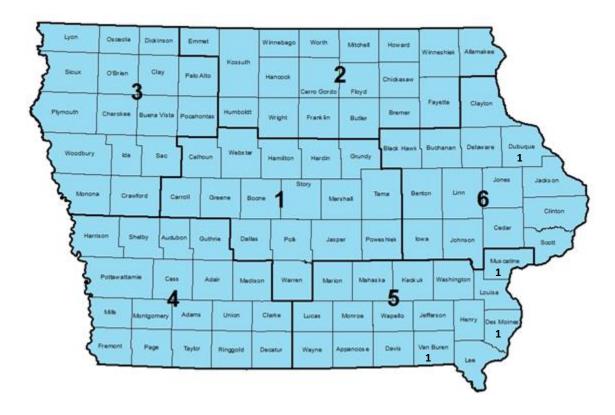
# **Long-term Care Outbreaks:**

REGION*	CURRENT WEEK	CUMULATIVE (10/4/15 – CURRENT WEEK)
Region 1 (Central)	0	1
Region 2 (NE)	0	0
Region 3 (NW)	0	0
Region 4 (SW)	0	0
Region 5 (SE)	0	0
Region 6 (Eastern)	0	0
Total	0	1

\*Region 1- Boone, Calhoun, Carroll, Dallas, Greene, Grundy, Hamilton, Hardin, Jasper, Marshall, Polk, Poweshiek, Story, Tama, Warren, Webster; Region 2- Allamakee, Bremer, Butler, Cerro Gordo, Chickasaw, Emmet, Fayette, Floyd, Franklin, Hancock, Howard, Humboldt, Kossuth, Mitchell, Winnebago, Winneshiek, Worth, Wright, Region 3- Buena Vista, Cherokee, Clay, Crawford, Dickinson, Ida, Lyon, Monona, O'Brien, Osceola, Palo Alto, Plymouth, Pocahontas, Sac, Sioux, Woodbury; Region 4- Adairs, Addubon, Cass, Clarke, Decatur, Fremont, Guthrie, Harrison, Madison, Mills, Montgomery, Page, Pottawattamie, Ringgold, Shelby, Taylor, Union; Region 5- Appanoose, Davis, Des Moines, Henry, Jefferson, Keokuk, Lee, Louisa, Lucas, Mahaska, Marion, Monroe, Muscatine, Van Buren, Wapello, Washington, Wayne; Region 6- Benton, Black Hawk, Buchanan, Cedar, Clayton, Clinton, Delaware, Dubuque, Iowa, Jackson, Johnson, Jones, Linn, Scott.

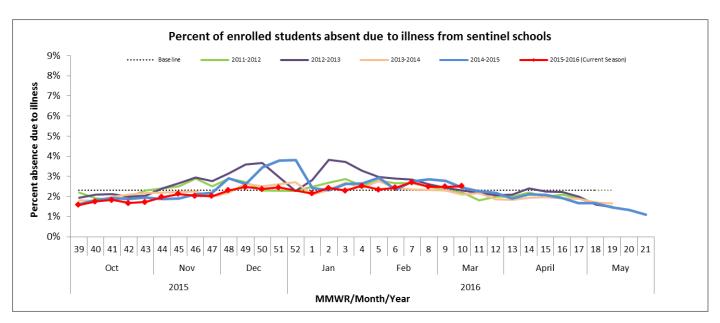
# 10 percent school absenteeism:

Schools (K-12) track and report when the number of students absent with illness reaches or exceeds 10 percent of total student enrollment. A regional map with schools that have ≥10% absence due to illness, which includes influenza-like illness, for the current reporting week is displayed below.



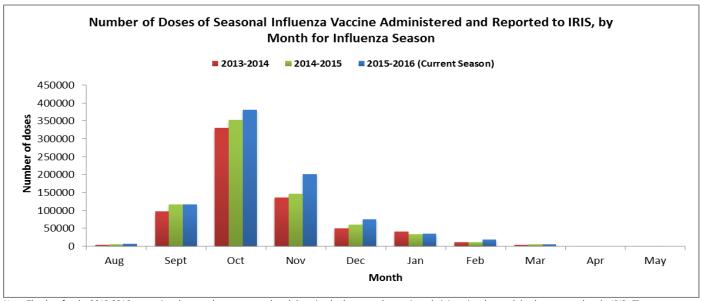
# School surveillance program:

Sentinel schools that participate in IISN voluntarily track and report absence due to all illness (including non-influenza illnesses) and the total enrollment each week.



## Seasonal influenza vaccination:

Seasonal influenza vaccination data in Iowa is based on doses reported to the Iowa Immunization Registry Information System (IRIS). IRIS is a confidential, computerized, population-based system that tracks immunization for children, adolescents and adults who are seen in a variety of public and private healthcare provider sites throughout the state of Iowa. For more information on the immunization data, contact Kim Tichy, IRIS coordinator at 515-281-4288 or <a href="mailto:kimberly.tichy@idph.iowa.gov">kimberly.tichy@idph.iowa.gov</a>.



Note: The data for the 2015-2016 season is only up to the current week and there is a lag between the vaccine administration date and the date reported to the IRIS. The current season's data will be adjusted as additional data is received.

### Other resources:

#### Vaccine:

Influenza vaccine recommendation: http://idph.iowa.gov/immtb/immunization/vaccine

CDC vaccine information: www.cdc.gov/flu/faq/flu-vaccine-types.htm

Vaccine finder: http://vaccinefinder.org/

#### Neighboring states' influenza information:

Illinois: www.dph.illinois.gov/topics-services/diseases-and-conditions/influenza/surveillance

Minnesota: www.health.state.mn.us/divs/idepc/diseases/flu/stats/index.html

Missouri: http://health.mo.gov/living/healthcondiseases/communicable/influenza/reports.php

South Dakota: http://doh.sd.gov/diseases/infectious/flu/ Wisconsin: www.dhs.wisconsin.gov/influenza/index.htm